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REQUEST

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents Box RCE Washington, DC 20231

offection of information unless it displays a valid OMB control number.				
Application Number	10/052,285			
Filing Date	January 18, 2002			
First Named Inventor	Colin LOW			
Art Unit	2664			
Examiner Name	William A. Luther			
Attorney Docket Number	B-3472DIV2PCT 619165-			

Request for Continued 1995, or to any design	Examination (RCE) practice under 37 CFF application. See Instruction Sheet for RCI		not apply to any utility or plant applica submitted to the USPTO) on page 3	entified application. tion filed pror to June 8,		
	equired under 37 CFR 1.114		To the die oo. To, on page 2.			
a. Previousl i. Cons (Any ur ii. Cons	ly submitted sider the amendment(s)/reply under nentered amendment(s) referred to above will be ider the arguments in the Appeal B	enterea).				
III.						
b. X Enclosed		*				
ii. 🔯 Affida	ndment/Reply avit(s)/Declaration(s)	iii. XX iv. XX	Other Petition Under Corrective Clai	37 CFR 1.48(b)		
2. Miscellaneous						
a. Suspension Suspension period of b. Other	on of action on the above-identified months. (Period of suspens	application	n is requested under 37 CFR 1. ceed 3 months; Fee under 37 CFR 1.17(i) rd	103(c) for a equired)		
3. Fees The RCE f	ee under 37 CFR 1.17(e) is required by 37 CFR 1	1.114 when the I	RCF is filed			
a. The Direct Deposit Ad i. RCE f	tor is hereby authorized to charge to count No	the following	g fees, or credit any overpayme	RECEIVED		
ii.	sion of time fee (37 CFR 1.136 and 1.17	7)		AUG 0 9 2004		
	he amount of \$770.00	enclos	ed Te	chnology Center 2600		
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not						
be include	ed on this form. Provide credit ca	ວecome pu ard inform	iblic. Credit card information	should not		
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Name (Print / Type)	Richard F. Berg	, Alloni		28,145		
Signature	1///		Registration No. (Attorney/Agent) Date 8/2/04	20,145		
CERTIFICATE OF MAILING OR TRANSMISSION						
I hereby certify that this co- envelope addressed to: Co- Office on the date shown I	orrespondence is being deposited with the to	United Ctates	D. 110	as frst class mail in an . Patent and Trademark		
Name (PrintIType) Suzanne Johnston						
Signature	1/1/		Date 8/2/04			
Burden Hour Statement: This amount of time, you are requ NOT SEND FEES OR COMP Box RCE, Washington, DC 20	s form is estimated to take 0/2 hours to complete irred to complete this form should by yent to the (PLETEO FORMS TO THIS ADDRESS. SEND F-0 0231.	e. Time will vary Chief Information ees and Comple	r depending upon the needs of the individual n Officer, U.S. Patent and Trademark Office eted Forms to the following address: Assista	If case. Any comments on the Washington, DC 20231. DO ant Commissioner for Patents,		

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